

and Answers

What is “suicide contagion?”

Suicide contagion means that a suicide occurs under the influence of another suicide. A soldier may observe a suicide first-hand or find out about a suicide in the media. To prevent suicide contagion, leaders and chaplains should use care to avoid either condemning or idealizing an act of suicide at soldiers’ memorial ceremonies and be sure that all remarks are balanced and include the tragedy of not seeking help. Some units have modified the standard ceremonies for suicides (such as limiting attendance).

What resources are available for suicide prevention?

Resources available to commanders and leaders are unit ministry teams, family service

centers, drug-and-alcohol advisors, substance-abuse rehabilitation programs, mental-health clinics and emergency-care centers. Trained professionals in these areas offer a variety of services and stand ready to assist.

Who is on a unit ministry team?

Unit ministry teams consist of a chaplain and a chaplain assistant and are found in every unit.

Who provides suicide-prevention training?

Community and unit mental-health professionals and chaplains are trained to provide thorough suicide-prevention education at the unit level.



References and Resources

AR 600-63, “Army Health Promotion,” Chapter 2, paragraph 2-8, and Chapter 5. Includes requirements for formal training in suicide-risk identification in all NCOES and officer/NCO professional-development classes.

DA Pam 600-24, “Suicide Prevention and Psychological Autopsy.” Governs the functions of the suicide-prevention task force.

DA Pam 600-70, “Guide to the Prevention of Suicide and Self-Destructive Behavior,” an on-line pamphlet.

Websites:

On the Office of the Deputy Chief of Staff for Personnel home page, the suicide prevention link is www.odcsper.army.mil/default.asp?pageid=66f.

The site provides information papers, hot links to regulations, a snapshot of Army suicide statistics, and the most recent chief of staff and vice chief of staff of the Army suicide-prevention messages.

For more information about Army suicide-prevention policies, contact MAJ Mary Kresge, suicide-prevention policy officer in the Office of the Deputy Chief of Staff for Personnel, at (DSN) 227-2448 or (703) 697-2448, or via e-mail to Mary.Kresge@hqda.army.mil.

For information on suicide-prevention training by Army chaplains and on how

to obtain additional information about suicide prevention, contact Chaplain (LTC) Glen L. Bloomstrom, family ministry officer in the Office of the Chief of Chaplains, at (DSN) 329-1182 or (703) 601-1182, or via e-mail at bloomgl@OCCH-UN.army.mil.

Effective training aides available for downloading are AID LIFE cards and a suicide-prevention brochure. These resources, developed by the U.S. Army Center for Health Promotion and Preventative Medicine (USA CHPPM), have a simple “What to do” outline for helping a suicidal person. To download the wallet-sized AID LIFE cards, go to <http://chppm-www.apgea.army.mil/dhpw/bhealth/suicidemain.htm>. For further information, contact Chaplain (LTC) Gregory Black at (410) 436-7001, or via e-mail at Gregory.Black@apg.amedd.army.mil.

Other Resources

American Foundation for Suicide Prevention; www.afsp.org. (888) 333-2377, toll free.

American Association of Suicidology; www.suicidology.org (excellent links) (202) 237-2280.

Suicide Awareness Voices of Education; www.save.org (much free information) (612) 946-7998.

SAVE has a toll-free suicide-prevention hotline at (888) SUICIDE [(888) 784-2433].

Encourage Soldiers To Get Help for Depression

Depression is a major cause of suicide. The diagnosis and treatment of depression and other psychiatric disorders associated with suicide require trained medical professionals. Education and prevention are the first steps to intervention but are not a substitute for medical diagnosis and treatment.

Commanders and other leaders must encourage soldiers to seek help and must refrain from stigmatizing soldiers who are receiving psychiatric evaluations and medical treatment for depression and other mental-health conditions.

Depression can result from neurochemical disorders in the brain. Some people are born with a vulnerability to depression, which can be triggered by a combination of physical, mental and environmental factors, including stress. However, depression may develop spontaneously, with no outward reason or triggering situation.

Symptoms of depression include:

- Persistent sad mood, tearfulness, crying;
- Confusion, apathy;
- Poor sleep patterns (too much, too little) and/or poor appetite patterns (eats too much, loses appetite);
- Expresses feelings of hopelessness or helplessness;
- Shows impaired judgement and thinking;
- Makes suicidal statements.

With assistance and proper treatment, 80 to 90 percent of people with depression can be helped.

Stress to Your Soldiers That:

- True friends do not ignore buddies who are having emotional problems;
- True friends do not try to bury the problem;
- True friends express concern;
- True friends intervene when necessary to help save a buddy's life.



Teach your soldiers what to do if another soldier exhibits one or more suicide warning signs.

These useful acronyms can help save lives:

Provide AID

Ask. Don't be afraid to ask the person, "Are you thinking about hurting yourself?"

Intervene. Tell the chain of command immediately.

Don't keep it a secret.

Think LIFE

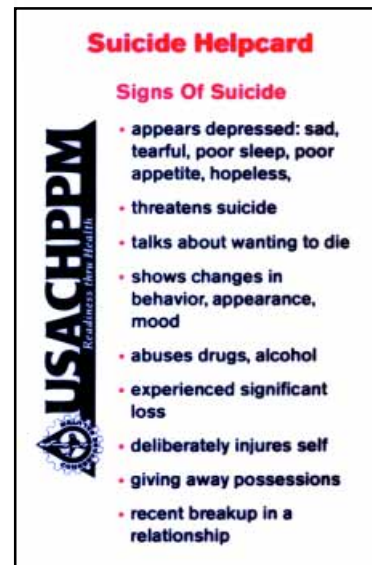
Locate help. Alert the staff duty officer, chaplain, doctor, nurse, friend, family, crisis line, or hospital emergency room.

Inforn the chain of command.

Find someone to stay with the suicidal person. Don't leave the person alone.

Expedite efforts to get help at once. A suicidal person needs immediate attention.

**THE SAFETY OF ALL SOLDIERS
IS A COMMAND ISSUE.**



To download the wallet-sized AID LIFE cards, go to: <http://chppm-www.apgea.army.mil/dhpw/bhealth/suicidemain.htm>

